Position Description (EP)

Read each heading carefully before proceeding. Make statements simple, brief, and complete.	Be certain the form is signed.	Send the original to SRS Personnel Services.
Supervisors and incumbents are responsible for the completion of this form.		

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CHECK ONE: (X) NEW POSITIO	ON () EX	ISTING POSITION			
PART I - Position Description					
1. Agency Name	9. Position Number		10. Budget Program	m Number	
Department for Children and Family	K0051067				
Employee Name (leave blank if position vacant)		11. Present Class Title (if existing	ng position)		
3. Division		12. Proposed Class Title			
Prevention and Protection Services		Public Service Exec	Public Service Executive I		
4. Section		13. Allocation			
Children and Family Services					
5. Unit		14 (a). Effective Date		14 (b). FLSA Code	
Independent Living					
6. Location (address where employee works) City County		15. By		Approved	
Topeka Shaw	nee				
7. (Circle appropriate time) Full Time Perm	Luton	16. Audit Date:		D	
Part Time Temp	Inter	Date:		By:	
8. Regular Hours (circle appropriate time)		17.Position Reviews		•	
From: 8:30 <u>AM</u> /PM To: 5:00	AM/ <u>PM</u>	Date:		Ву:	
PART I I - Organizational Information		Area fo	or use by Perso	onnel Office	
18 (a). Briefly describe why this position exists. (What	is the purpose, goal, or m				
This position will work together with the Independ that supports our youth aging-out. Develop materi program. This position is responsible for contacting fa as well as encourage collaborative opportunities. This	als for the agency and acilities and programs wh	the general public about Ka here staff might have contact	nsas IL services. I	Promotes public awareness of m them about IL services and foster care	
18 (b). If this is a request to reallocate a position, briefly the duties and responsibilities of the position.	describe the reorganizati	ion, reassignment of work, new	w functionality adde	ed by law or other factors which changed	
19. Who is the supervisor of this position? (Who assign Name:	s work, gives directions, Title:	answers questions and is direc		tion Number:	
Patricia Long	Permanency Un	it Administrator			
Who evaluates the work of an incumbent in this posi Name:	tion. Title:		Posi	tion Number:	
Patricia Long	Permanency Un	it Administrator			

		ade is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to tate how and in what detail assignments are made
() Mi () Mo () Ma	inimal j oderate ajor pro	best describes the result of error in action or decision of this employee. property damage, minor injury, minor disruption of the work flow. loss of time, injury, damage, or adverse impact on health and welfare of others. ogram failure, major property loss, or serious injury of incapacitation. fe, disruption of operations of a major agency.
What is the or outcom	he actio	ck of this position using this page or one additional page only. (Use the following format for describing job duties:) on being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (describe the result cted); * How is the action expected to be performed (describe the manner, methods, techniques or procedures in which the task is currently reach task state: Who reviews it? How often? What is reviewed for?
Essential fu	inction	k and Indicate Percent of Time and Identity of each function as essential or marginal by placing an <u>E</u> or <u>M</u> next to the % of time for each task. s are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable A marginal function is a peripheral, incident or minimal part of the position
No. % I	E/M	
1 40%	Е	Outreach Develop materials for the agency and the general public about Kansas IL services. Promotes public awareness of program; responds to public's request concerning program and policies. Identify and makes presentations to citizens' groups along with outlets for marketing and publicity.
2 40%	Е	Collaboration This position is responsible for contacting facilities and programs where staff might have contact with youth to inform them about IL services and foster care. Work with the National Youth in Transition Database program consultant to provide information about the NYTD surveys and facilitate referrals for IL services. Work with organizations and providers to develop "banks" of items or resources for young people preparing to age out of care, and facilitate distribution.
3 20%	E	Client Services Coordinate with Kansas Youth Advisory Council to establish a peer mentoring program. Coordinate with providers to identify important dates of older youth in care and facilitate connection during these times. Coordinate with post-secondary schools and community programs to develop resources for students formerly in foster care.

^{*} The description of how the work is to be performed does not preclude the consideration of reasonable accommodation(s) for qualified persons with a disability.

22. List the consequences of <u>not</u> performing the essential functions of this position as identified in Section 21.

Disruption of services to children and families. Poor financial management, inaccurate data for program decisions, violation of state and federal laws and regulations, loss of federal and state funding. Errors in financial operations and systems operations impact negatively on the Division, Agency, and State, and jeopardize the supports and service SRS provides.

23. a	 If work involves leadership, supervisory 	 or management responsibilities. 	check the statement	which best describes	the position

- Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- Plans, staffs, evaluates, and directs work of employees of a work unit.
- (X) Delegates authority to carry out work of a unit to subordinate supervisors or managers.
- b. List the class titles and position numbers of all persons who are supervised directly by employee in this position.

Class Title

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Daily communication with Agency managers and staff, contractors, grantees, vendors, federal representatives, and staff from other agencies. Employee periodically represents the Division to the public, stakeholders, and legislators.

Position/KIPPS Number

25. What hazards, risks or discomforts exist on the job or in the work environment?

Normal office work

26. List machines or equipment which are currently used to complete the tasks or production standards for this position. Indicate the frequency with which they are used

Telephone and computers

PART III - Education, Experience and Physical Requirements Information

27. Minimum Qualifications as stated in the State of Kansas Class Specifications.

One year of experience in planning, organizing and directing the work of a department, program or agency. Education may be substituted for experience as determined relevant by the agency.

28. SPECIAL REQUIREMENTS

A. State any additional qualifications for this position that are necessary to perform the essential functions of this position. (License, registration or certification).

None

B. List any skill codes or selective certification required for this position. Selective certification must first be approved by the State Division of Personnel Services.

None

C. List preferred education or experience that may be used to screen applicants.

Experience managing social service or child welfare programs. Experience with executing, developing, practicing or creating federal regulation, state policies and/or Kansas law.

29. Describe the physical characteristics of	the job as they relate to essential fu	nnctions (focus on results, not methods of obtaining results).	
Knowledge and experience in man problem solving skills. Ability to w	• • •	large organization. Excellent team skills, oral cise good judgment.	and written skills, and
30. Describe any methods, techniques or pro	ocedures that must be used to insur	re safety for equipment, employees, clients and others.	
None.			
PART IV – Signatures			
Signature of Employee	Date	Signature of Personnel Officer	Date
Signature of Supervisor	Date	Signature of Agency Head or Appointing Authority	Date